

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

Page 1 of 2

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	NUCLEIC ACID A	NALYSIS METHOD AND SYST	ГЕМ					
Fill in Appropriat	the specification was filed on February 8, 2002							
For Use Without	United States	Officed States Application Number						
Specification Attached:	and antended	and amended on <u>February 8, 2002</u> the specification was filed on <u>August 9, 2000</u>						
	International	Application Number <u>PCT/IL00/</u>	00496		·	as PCT		
	amended on		00400	· · · · · · · · · · · · · · · · · · ·		and was		
					(if app	olicable)		
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:							
Insert Priority	Prior Foreign App		•		Priority Cl	aimed		
Information:	131324	Israel	A.,	10 1000				
(if appropriate)	(Number)	(Country)		10, 1999 Day/Year Filed)	⊠ Yes	□ No		
	(Number)	(Country)	(Month/	Day/Year Filed)	Yes	No		
	(Number)	(Country)	(Month/I	Day/Year Filed)	☐ Yes	□ No		
	(Number)	(Country)	(Month/I	Day/Year Filed)	☐ Yes	□ No		
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.							
Insert Provisional								
Application(s): (if any)	(Application Number)		(Filing	(Filing Date)				
	(Application Number) (Filing Date)							
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country	Application I	Vumber	Date of Filing (Month	/Day/Year)			
Insert Requested Information: (if appropriate)						_		
	application in the mar information which is	efit under Title 35, United States matter of each of the claims mer provided by the first parag material to the patentability as d e of the prior application and the	raph of Title 35, United Seffned in Title 37, Code	of disclosed in the prior States Code, §112, Lackno	United States and owledge the duty to	d/or PCT		
Insert Prior U.S. Application(s): (if any)	(Application Number)	(Filing Date)		(Status - patented, pen	ding, abandoned)			
Page 1 of 2	(Application Number)	(Filing Date)		(Status - patented, pend	ding, abandoned)	_		



I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor: Insert Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE DATE						
Insert Name of Inventor Insert Date This Document is Signed		INVENTORSSIGNATURE	_	DATE*				
	MOT AMITAI Residence (City, State & Country)		/c	MARCH 10,				
Insert Residence Insert Citizenship	Tel Aviv ISRAEL	CITIZENSHIP						
Insert Post Office	.	Israeli	<u> </u>					
Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	Wolman Street 6, 69512 Tel Aviv ISRAEL							
Full Name of Second Inventor, if any: See above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
Xt above								
	Residence (City, State & Country)	CITIZENSHIP						
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	MAILING ADDRESS (Complete Street Address including City, State & Country)							
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Full Name of Third	GIVEN NAME/FAMILY NAME	INDENTIONIC CICNIATION						
Inventor, if any: see above		INVENTOR'S SIGNATURE		DATE*				
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	(33,), 3,3,10 & 30 4,43,7	CITIZENSHIP						
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Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fifth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
see above				DATE				
	Residence (City, State & Country)		CITIZENICH	CITIZENSHIP				
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Full Name of Sixth								
Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	CITIZENSHIP						
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*DATE OF SIGNATURE